Round II e-Prescribing Partnerships in Kentucky Grants Final Report 2008

Overview

CHFS offered the e-Prescribing Round II Grant Program in partnership with the Governor's Office of Local Development (GOLD). GOLD served as the fiscal and administrative agent of the CHFS for the Grant Program.

Round I e-Prescribing Grants took place during 2007 and provided funding for successful e-prescribing implementation at five patient care locations across Kentucky. Details of the Round I e-Prescribing Grants can be found in *Round I e-Prescribing Partnerships in Kentucky Grants Final Report 2007* available at www.ehealth.ky.gov. Considering the success of the Round I Grants, the Cabinet for Health & Family Services provided $335,000 of funding for e-Prescribing Round II Grants.

The goals of the second round of the Grant Program were to:
1. Encourage Health Information Technology (HIT) adoption in Kentucky by making it more affordable;
2. Develop relationships and work patterns that support electronic information sharing among health care entities such as physician offices and local pharmacies.

Project Achievements

The following table summarizes the Round II grantees and the scope of each project. The counties impacted are shown in Figure 1 below.

County	Grantee	Project Scope
	Community Family Clinic	Implement an EMR including e-prescribing with Menifee County Pharmacy.
	Kentucky Primary Care Association, Inc.	Implement e-prescribing at 11 clinics, 50 providers.
	HealthBridge	Implement e-prescribing at 3 clinics, 90 providers.
	Family Medical Center of Hart County	Implement an EMR that includes e-prescribing with Rite Aid and Clarks Pharmacy.
	Appalachian Regional Healthcare	Implement e-prescribing as the first step toward an EMR at 2 clinics, 16 providers.

Counties Impacted by e-Prescribing Grants Round II

Figure 1
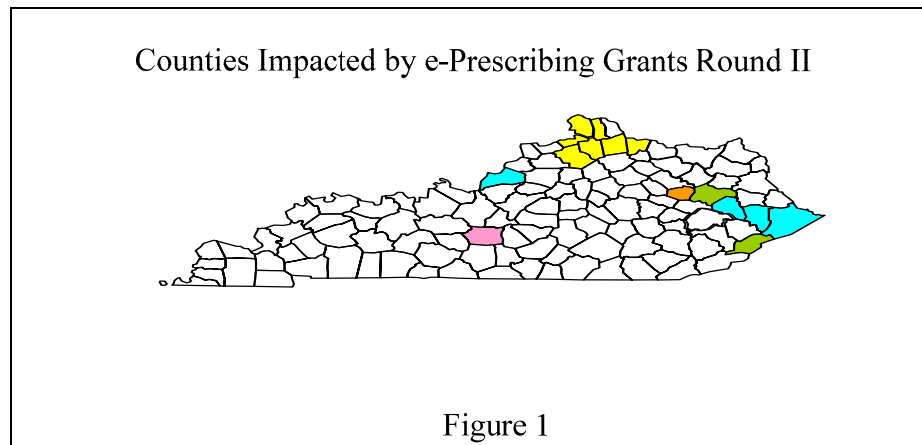
Round II e-Prescribing Grants assisted the grantees to implement e-prescribing, an important component of Health Information Technology (HIT), across widely distributed areas of Kentucky. Some of the grantees implemented e-prescribing as a first step toward the eventual use of an electronic medical records (EMR) system while some of the grantees implemented e-prescribing as part of a complete EMR system. At the time of the grant final reports, all grantees were successfully using an e-prescribing system.

Outcomes by Grantee

Community Family Clinic implemented an EMR including e-prescribing with Menifee County Pharmacy. This successful project enabled the Clinic to send electronic prescriptions to pharmacies up to sixty miles away and has reduced time spent on charting and updating client data. No technical or procedural issues have been reported.

The Clinic noted that when a patient visits the office for the first time, it does take longer to set-up the initial patient record than it did when the patient record was recorded on paper. However, now that most of the Clinic's clients have been through the initial record set-up this is not causing any negative work-flow.

Family Medical Center (FMC) of Hart County also implemented an EMR including e-prescribing through SureScripts to local pharmacies and an interface to the clinic lab. The FMC reported that they are beginning to see the rewards of implementing an EMR. Providers are now using automatic prescription recommendations rather than using text medication references. This has provided a reduction in prescription errors. FMC reported that treatment documentation is more comprehensive and has lead to more accurate coding. Billing is faster and lab productivity has improved.

FMC reported that they were somewhat disappointed with the software functionality that they selected. However, the biggest challenge noted has been the length of time required to set-up the electronic record for a new patient including medical and family history (up to two hours).   They are starting to see productivity gains on return visits once the electronic patient record is established.

The **Kentucky Primary Care Association** (KPCA) implemented an Application Service Provider (ASP) model e-prescribing program at two KPCA member organizations, Family Health Centers in Louisville and Big Sandy Health Care. The same application, which allows electronic prescribing over an internet connection, was implemented at both organizations.

Family Health Centers reported that some technical issues occasionally cause the ASP vendor internet servers to slow, causing workflow problems and frustration on the part of providers. Family Health Centers expressed the

concern that the selected application does not have the capacity to handle a multi-site, complex clinic like the Family Health Centers. The major procedural issue reported is the inability to use electronic prescribing for controlled substances, which is prohibited under federal law.

Family Health Centers reported that electronic prescribing has allowed them to streamline the prescription refill process.

Big Sandy Health Care also reported that the application, although easy to use, has some technical problems that cause the providers to hand write some prescriptions on a daily basis. The vendor is aware of these issues but has not addressed the problems at this time. Big Sandy Health Care also noted the limitation of not being able to use electronic prescribing for controlled substances.

Big Sandy Health Care reported that now prescriptions to be filled by their internal pharmacies transfer electronically into the ambulatory pharmacy system. This has provided a major workflow improvement between Big Sandy providers and pharmacies. In addition, medication lists are used to identify patient treatment compliance patterns.

HealthBridge expanded their existing clinical messaging system to include electronic prescribing. The initial pilot provider groups included Cardiology Associates of Northern Kentucky, Internal Medicine Associates of Northern Kentucky and Patient's First.

HealthBridge included an expert medication database (Medi-Span) and incorporated the Medicaid Formulary into the system as part of the project. At the conclusion of the project all three practices are using the electronic prescribing product. HealthBridge expects to see improved patient care quality as practices use these tools. Over the next year, HealthBridge will monitor the usage of name brand and generic medications for Medicaid patients.

Appalachian Regional Healthcare (ARH) implemented electronic prescribing at two clinics as the first step toward a full EMR. The complete EMR functionality will be implemented at these clinics in the future.

ARH loaded patient medication history, problems and allergies into the e-prescribing system before go-live. Pre-loading the patient history eliminates the daily care delivery workflow problem of loading each patient when that patient presents, and it facilitates early benefits realization as the practitioner has the patient history available immediately.

ARH noted improved documentation of patient medications as the major business process improvement achieved. They also have seen improved patient safety as all electronic prescriptions are screened for interactions and allergies automatically.

Going Forward

This successful e-Prescribing Grant Round II Program has helped establish e-prescribing partnerships in communities across Kentucky. In addition, it has made EMR implementation possible in patient care delivery settings that, without the grant funding, might not have been able to afford an EMR.